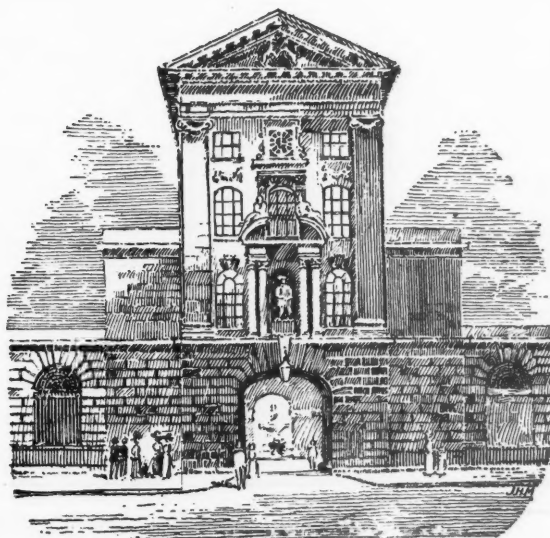


ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXVII.—No. 12.

SEPTEMBER, 1930.

[PRICE NINEPENCE.]

CONTENTS.

	PAGE		PAGE
Calendar	221	Acknowledgments	236
Editorial Notes	221	Students' Union :	
Obituaries :		Cricket Club	236
Eugene Michael Niall, M.D.	224	United Hospitals Swimming Club ..	237
Charles Brook, F.R.C.S.	224	Lawn Tennis Club	238
A Year in an American Medical School.		Rugby Club... ..	238
By Wilfrid Gaisford, M.D., M.R.C.P.	225	Reviews	239
What You and Other Men. By W. R.		Examinations, etc.	240
Bett, M.R.C.S., L.R.C.P.	226	Changes of Address	240
A Persistent Mento-Posterior Face Pre-		Appointment	240
sentation Delivered Naturally. By		Births	240
G. D. Kersley	228	Marriage	240
A Case of Face Presentation Diagnosed		Deaths	240
in Pregnancy. By H. B. W.	228	Index to Advertisements	ii
De Lepra. By J. Molineux Jackson ...	230		

INDEX TO ADVERTISEMENTS.

	PAGE		PAGE
Alderton & Sons Ltd. ...	x	King, A. C., Ltd. ...	xi
Allen & Hanburys Ltd. ...	vii	Leigh House, Hatton, Warwick ...	xi
Auchterlonie, Williams & Co. Ltd. ...	v	Maw, Son & Sons, Ltd. "Tensile" Glove ...	v
Books—		Medical Sickness, Annuity and Life Assurance Society, Ltd. ...	xi
Adlard & Son, Limited	iii	Millikin & Lawley ...	ii
The Fundus Oculi ...	iii	Northwoods, Winterbourne, Bristol ...	iii
The Puerperium ...	iii	Paripan, Ltd. ...	iv
Lewis ...	iv	Parke, Davis & Co. ...	vi
Circulating Library ...	iv	Ronuk ...	vii
Oxford University Press—		Shepherd, A. ...	xi
Waring ...	iii	St. Bartholomew's Hospital	
The Surgical Treatment of Malignant Disease. ...	iii	Medical College ...	viii
A Manual of Operative Surgery ...	iii	Preliminary Scientific Department ...	viii
Central London Throat, Nose and Ear Hospital ...	vii	Ditto ...	viii
Clinical Research Department of St. Bartholomew's Hospital ...	xii	Scholarships; Bacteriology ...	viii
Down Bros. ...	xii	Ditto ...	ix
Specialities ...	xii	Fellowship Classes; Entrance Scholarships ...	iii
Edme, Ltd. ...	ii	St. Bartholomew's Trained Nurses' Institution ...	iii
Malt Extract with Cod Liver Oil ...	ii	Virol ...	vi
Evans & Witt ...	xi		
Booksellers, Stationers, etc. ...	xi		
Gieves Ltd. ...	iii		
Royal Naval Medical Service ...	iii		

MILLIKIN & LAWLEY**STUDENTS' PRICE LIST OF****New & Second-hand Microscopes****Dissecting Instruments and Bones**

and all Students' Requisites will be sent gratis and post free on application.

Second-hand Surgical Instruments

A list of these is published at frequent intervals and can be obtained on application. Our selection is very comprehensive and includes the latest patterns. Gentlemen commencing practice are invited to apply for this list and note the great saving that can be effected in the cost of their outfits.

MILLIKIN & LAWLEY,

165, Strand, London, W.C.2.

Telephone: **TEMPLE BAR, 2206.**

The leading Hospitals use

**“Edme”
MALT EXTRACT
WITH
COD LIVER OIL**

A perfect blend of Malt Extract made from selected Barley Malt only and the finest Norwegian Cod Liver Oil.

Guaranteed absolutely pure and free from preservatives.

EDME, Ltd.,

122, Regent Street, London, W.1.

Telephone: Regent 6719. Telegrams: "Edme Piccy, London."

o.

PAGE

xi

xi

v

xi

ii

iii

iv

vi

vii

xi

viii

viii

ix

iii

vi



e



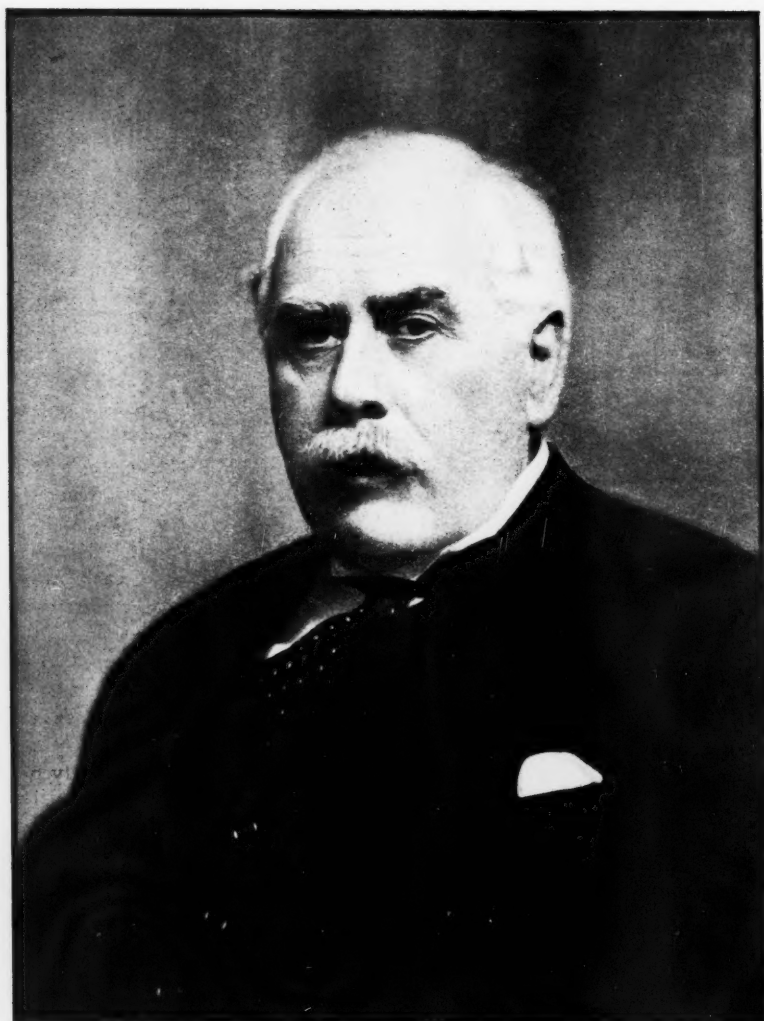


Photo: Elliott & Fry.

DR. LANGDON BROWN.



St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXXVII.—No. 12.]

SEPTEMBER 1ST, 1930.

PRICE NINEPENCE.

CALENDAR.

Tues., Sept. 2.	—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
Fri., " 5.	—Dr. Gow and Mr. Harold Wilson on duty.
Tues., " 9.	—Prof. Fraser and Prof. Gask on duty.
Fri., " 12.	—Sir Percival Hartley and Sir Holburt Waring on duty.
Tues., " 16.	—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Fri., " 19.	—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
Last day for receiving matter for the October issue of the Journal.	
Tues., " 23.	—Dr. Gow and Mr. Harold Wilson on duty.
Fri., " 26.	—Prof. Fraser and Prof. Gask on duty.
Sat., " 27.	—Rugby Match v. Old Paulines. Away.
Tues., " 30.	—Sir Percival Hartley and Sir Holburt Waring on duty.

EDITORIAL.

SIR FRANCIS CHAMPNEYS.

SIR FRANCIS CHAMPNEYS, whose death at the age of 82 occurred on July 30th, 1930, will long be remembered for his great work on the Central Midwives Board. Elected Physician-Accoucheur in 1890 on the death of Matthews Duncan, he resigned in 1913. An obituary notice will be published in the October issue.

A memorial service was held in the Church of St. Bartholomew-the-Less on Saturday, August 2nd.

* * *

THE RETIREMENT OF DR. LANGDON BROWN.

We announce with regret that Dr. Langdon Brown has resigned from the active Staff of the Hospital. We publish below tributes to his work and his influence, sent by two correspondents, and elsewhere a photograph. To these we would add some sentences on his long relationship with the JOURNAL.

His name first appears in 1894 as winner of the Senior Open Scholarship in Biology and Physiology. In July, 1895, he was appointed, with Sir Thomas Horder, an

Assistant Demonstrator in Biology, in which capacity he lectured before the Abernethian Society upon "The Mechanism of Phagocytosis." His paper, which was fully reported in the JOURNAL, gives a well-documented and critical review of the subject, and especially of the classifications of the phagocytes, which then held the field.

A second paper before the same Society, of which he later became President, dealt with "The Plague in England" (1896, iv, 36), and owed much to the writings of Dr. Creighton and to the influence of Sir Norman Moore. Thus, early in his hospital career, he showed the width of his interests and the industry of his pen.

In 1897 he was appointed House Physician to Dr. Gee, and at the same time became Editor of the JOURNAL, being the second and the senior surviving holder of that office. Since then his triumphs have been duly recorded and his papers eagerly published.

While wishing him long and happy years as a Consultant, we hope that we may continue to be, from time to time, the humble conveyers of his thought.

* * *

A correspondent writes:

Many of our readers must have heard already of the resignation of Dr. Langdon Brown from the Teaching Staff of the Hospital. The numerous generations of students whom he has taught will share our very real sense of loss. The first-rate clinician is not always a first-rate teacher. The analysis and ordering of observations are so often subconscious, and the right admixture of imagination required to complete a clinical picture is such a subtle thing, that the art of medicine is not readily communicable. But Dr. Langdon Brown's teaching has always been characterized by a lucid self-expression based on the broadest biological principles. The observant student was struck by the way the presentation was adapted to suit the listener, and how

floating ideas were seized upon and fitted into a rational scheme. He never succumbed to that well-known temptation of a teacher of taking a dullard for a foil, but somehow by his genial kindness managed to extract and apply whatever knowledge the timid beginner had already. More senior men were especially grateful for the emphasis laid on the treatment of the patient. We may safely say that his influence on the progress of our School will not be forgotten; and we are glad that as a Consulting Physician to the Hospital we shall still be able to avail ourselves of his great clinical experience.

* * *

The following appreciation, sent to us over the initials D. V. H., well known to readers of the JOURNAL, we print in full:

"It is difficult to write frankly of a chief happily still alive and still held in affectionate regard, and I do it with some diffidence.

It was something of a shock to read in the JOURNAL that Dr. Langdon Brown had delivered his last clinical lecture as a member of the active Staff, but with what keen pleasure is read that lecture, and how well it exhibited the extraordinary range of his mind! The press of younger men must be remarkably insistent and their powers of unusual brilliance if the Hospital can afford to dispense with the wisdom, the idealism, the mental vigour that 'L.B.' displayed in this lecture on Clinical Psychology.

I have a vivid recollection of a member of the Senior Staff startling his house physician with the question, 'Have you read *Tarzan of the Apes*?' The young man replied, 'No, Sir,' surveying his chief superciliously, as if this question definitely confirmed his opinion that the mind of his chief moved on an immeasurably lower plane. It is safe to assert that Dr. Langdon Brown's house physicians were denied a like arrogance. When he discussed anaphylaxis as 'the last stand of the organism against the adulteration of its protoplasm' we smiled in easy recognition of an old friend; when he talked of Mediterranean art we had heard of the Sitwells if we knew nothing of Baroque; when he touched lightly on English literature we kept up with him, if a little breathlessly; but when he described the pottery of the Ming Dynasty we gladly gave up the chase and listened admiringly.

I should not like to give an impression that a round with 'L.B.' was exclusively devoted to these matters; his first interest was always in medicine, and he would turn to art or literature only to emphasize or to illustrate a clinical point. He has two outstanding qualities—a remarkable receptivity of mind which compels respect, and an avuncular benevolence which endears him to

everyone. He is extraordinarily avid of ideas; he listens intently to the most thoughtful of his contemporaries, and then makes use of his harvested thought in the most illuminating and unexpected way to elucidate clinical problems. Many examples of this will occur to his students; his last lecture abounds in them. In the all too brief minutes that elapsed between the end of his ward-round and his departure from the Hospital he would tell with boyish enthusiasm of the latest conception that had attracted him, with an especial delight if it were brilliantly phrased.

Of his kindness and generosity it is not easy to write; all his house physicians and his students have experienced them. I can recall, as his house physician, his reluctance to reprove the slackness of two clerks with the severity which I imagined they deserved. No doubt he was right, for I remember my own mistakes not a whit less vividly because he passed on without comment. If he was slow to reprimand, he was equally generous in acknowledging the good work of his juniors.

Although it may be that his name will not be associated with any notable advance in medicine, yet I believe that it should be honoured for two things: the great impetus he gave, in the years before the war, when therapeutics was in disrepute, to the placing of treatment on a sound physiological basis, and of recent years his emphasis, almost alone amongst general physicians, on the importance of the new psychology to clinical medicine.

There are three schools of thought and practice in medicine: The first says, 'Medicine is an art; let us be enthusiastic (but always amateur) *dilettanti*!'—and this was the fashionable attitude at Bart.'s thirty years ago. The second says, 'Medicine is a living; let us make a good one'—this school has always its adherents. The third says, 'Medicine is a science; let us therefore isolate ourselves in the nearest laboratory'—and this school is having its day. So strong was the first school at Bart.'s that the appointment of Sir Thomas Horder and Dr. Langdon Brown to the Staff was something of a portent—a definite break with tradition. Both of them, I believe, owe some of their success as physicians to the fact that their outlook embraces all three schools; both were laboratory-trained, both believe medicine to be an art best practised at the bedside, and both were determined to make a competence. The retirement of one of them from the active Staff undoubtedly marks the end of another chapter at Bart.'s.

Everyone will wish Dr. Langdon Brown many years of happiness and successful practice, with greater leisure to contribute still further to the advance of clinical medicine."

A DINNER TO DR. LANGDON BROWN.

A dinner was given by Dr. Langdon Brown at the Savile Club on Friday, August 8th, to such of his former House Physicians as were within range. The feast was an expression not of a farewell, but of a translation from active association with these Wards to a sphere of scarcely less activity upon the Board of Censors of the College of Physicians. Fanned by extremely well chosen food and drink, the conversation flickered lightly around the figures of past celebrities of the Hospital, glowed for a while upon the College walls of Cambridge,

handsome gift of a pair of silver bowls which the Students' Union has so kindly sent me.

"Will you please convey to your fellow members of the Union my very best thanks, and assure them that their gift has afforded me more pleasure than any other which I have received on my retirement?"

"It is a pleasing memento of my many years' work among you."

"I am,

"Yours very truly,

"T. W. SHORE."



lit up many pages of literature and square yards of painters' canvas, and was by no means extinguished by midnight, when the celebrants debouched upon Brook Street. This was an evening that the six fortunate guests will always happily remember.

* * *

PRESENTATION TO DR. T. W. SHORE.

The following letter discloses an incident, which occurred with all the discreetness that its modest writer could have wished. We, for our part, would have preferred to show our appreciation of and our affection for Dr. Shore more personally than through the ministrations of the postman. But it was not to be.

"Dear Mr. Briggs,

"It is with very great pleasure that I accept the

T. W. Shore

* * *

Sir D'Arcy Power is to go to Johns Hopkins in October as Visitor to the new School of the History of Medicine under Prof. Welch. We take this opportunity of congratulating him upon the successful conclusion of his labours in revising *Plarr's Lives of the Fellows of the Royal College of Surgeons*, which will be reviewed in our October issue, and upon the recent publication by Hoeber's, of New York, of a delightful historical essay upon *Medicine in the British Isles*.

* * *

THE OLD STUDENTS' DINNER.

The Old Students' Annual Dinner will be held in the Great Hall on Wednesday, October 1st, 1930, at 7 for 7.30 p.m. Mr. L. Bathe Rawling will be in the Chair. The price of the Dinner is 26s. (inclusive of wine), payable at the Dinner only. The Lord Mayor of London has accepted the invitation to be present.

C. GORDON-WATSON } *Hon. Secs.*
R. M. VICK }

* * *

The Warden requests us to state that the closing date for applications for House Appointments in November is 12 noon, Saturday, September 13, 1930.

OBITUARIES.

EUGENE MICHAEL NIALL, M.D.

In the death of E. M. Niall we have to lament the loss of one of the most popular of the Bart.'s men now practising in London. This occurred at 17, Park Lane, in July. For the first four days after operation for gangrenous appendicitis progress seemed satisfactory; then symptoms of peritonitis developed, with intense intoxication, and, despite the efforts of the devoted colleagues who took charge, the end came three days later.

Niall was 53 years of age. He was at the height of a very successful practice, and one which included—as the obituary notices in the lay press have truly stated—patients of distinction in politics, art and literature. It is equally true to say that these patients, who gave him their whole-hearted confidence, were amongst the most intelligent and cultured in their respective spheres of life. Indeed, Niall never attracted patients in search of the wonderful or the mysterious: quackery was an abomination to him, and more so if it came his way inside, than outside, the profession. In the presence of humbug he was restless and even provocative, so that the patient was perforce compelled to choose between his offer of sane ministration and the exploitation of the patient's credulity by a colleague. On the other hand, Niall's method of practice was scrupulously bound up with the best scientific control available, and, since many of his cases were obscure or urgent, the close touch which he kept with the latest clinico-pathological work proved of great value to his patients.

Niall's personality, no less than his known soundness as a doctor, secured for him, over a period of several years, the confidence of the management of some of the most select of the West-End clubs and hotels. He met, with admirable tact and efficiency, the peculiar demands

made by these institutions. To see him coping with the exigencies—social and racial, as well as medical—provided by the sudden illness of a wealthy American citizen stranded in London; to note his exercise of tolerance and his complete understanding of the point of view of the patient and his friends, at the same time preserving a close watch upon the pathological problem presented to him: to observe all this was a liberal education.

Practising at Arlington Street, Niall was a familiar figure in St. James's and in Mayfair, and he had many friends at the Bath Club. He was also a member of the Omar Khayyám Club.

Niall's connection with Bart.'s began in 1894. He took his M.B.(Lond.) (with honours in Obstetrics) and his M.D. in 1904. He was house physician in 1904. During the war Niall took charge of the Duchess of Rutland's War Hospital.

T. H.

CHARLES BROOK, F.R.C.S.

Born February 19th, 1839; died August 11th, 1930.



AFTER a pupillage of one year at the Lincoln County Hospital, he entered St. Bartholomew's in October, 1858—the same year as Alfred Willett, John Langton, Marrant Baker and Howard Marsh.

He was a pupil of Sir William Lawrence and of Mr. Stanley.

During his student days he gained every scholarship and prize for which he competed, and in 1861 became House Surgeon to Mr. Skey, his friends Willett, Langton and Marrant Baker being the other three House Surgeons.

The failing health of his father, who was in practice at Lincoln, caused him to resign this House Surgeonship, the remainder of which, after the custom of those days, was purchased by Howard Marsh.

Sir James Paget tried to persuade him to remain in London as his assistant, and Mr. Brook has stated that the Treasurer and Almoner of St. Bartholomew's assured him of an early post on the Surgical Staff if he would do so.

But he felt that it was his duty to his father to return to Lincoln, where he joined his father and Mr. John Hewson—an original Fellow of the College—in 1862.

He was elected Surgeon to the Lincoln County Hospital in 1864, Consulting Surgeon in 1900, and received the honour of being made Vice-President in 1921.

Soon after starting in practice he was appointed Surgeon to the North Lincoln Militia, resigning in 1891; but in 1908 he threw himself into the scheme for a Territorial Medical Service, and worked hard at the

formation of the Fourth Northern General Hospital at Lincoln, where, after mobilization in August, 1914, he took charge of the Surgical Division, continuing until 1918, when, whilst still active in mind and body, he was retired by reason of the age-limit at the age of 79.

W. H. B. B.

A YEAR IN AN AMERICAN MEDICAL SCHOOL.

AFTER six months' meditation to free the mind from bias and the eye from lack of perspective, it is both interesting and instructive to review the benefits accruing from a year's work as an interne or member of the resident staff in an American hospital.

It is not given to many recently qualified men to work in the U.S.A. at a routine house appointment, but under the reciprocity scheme existing between the East London Children's Hospital and the Barnes Hospital, St. Louis, such an opportunity is given to one resident every year. I was privileged to be the first "exchange," and I left Shadwell in December, 1928, to take up the duties of Assistant Resident Physician at St. Louis.

Lacking a gubernaculum in the person of any predecessor, I was hampered by not knowing the customs, either professional or social, and also by having no friends in America; for these reasons the first half of the year suffered by comparison with the second.

During my first five months at Barnes Hospital the work was almost entirely "research"—an endeavour to clarify the mechanisms of abnormal electrocardiograms. To anyone interested in such study the facilities offered were ideal, and the encouragement and help given were boundless.

In the medical schools in the U.S.A. research work is largely financed by the Rockefeller Institute, and scholarships awarded have to yield tangible proof of having been duly earned. Each school must, year by year, publish a certain number of papers, and by the number and calibre of such papers is its work judged to a large extent.

Though a study of these papers often brings home the soundness of such policy, the fact remains that some people are intensely interested in clinical work, even to the exclusion of research problems, and to such people compulsory research mars the immediate horizon.

After five months at the Barnes Hospital I was permitted, by the kind influence of Prof. Marriott, to transfer to a clinical appointment at the Children's Hospital. This is one of the finest centres of pædiatrics,

both educational and practical, in the States, and the reason is not far to seek—an introduction to the physician-in-chief, Dr. Marriott, explains it immediately.

Here, indeed, can one really feel that pædiatrics is being taught and practised in a manner beneficial to student and patient alike. To one brought up on the traditional methods of treatment of sick infants, so often empirical rather than rational, the methods and results obtained were most striking. In the ordinary treatment of sick children there would appear to be little to choose between the methods in the two countries. If a personal opinion might be expressed, I should say respiratory and cardiac diseases were treated better here, diabetic and nephritic cases there. The reason for this is perhaps the greater development of blood chemistry work in the States.

But as regards infants and their nutritional disorders there is a different tale to tell. It would be the saving of a great many babies in England if every student could attend one of the bi-annual post-graduate courses held at St. Louis. To anyone accustomed to regarding "infant feeding" as a complicated and unsystematized special department, and to a houseman taught to leave such details as feeding formulæ to the Sister's care, the simplicity of the methods in use and the astounding results obtained provide a "sensation" in the truest sense of the word.

Similar methods now in use at the East London Children's Hospital are proving conclusively that the results are not dependent on the babies' nationality! The routine formula for infants under the age of one year is whole lactic acid milk with 3 oz. of a mixture of carbohydrates to the quart.

The milk may be acidified by the addition of B.P. lactic acid (1 drm. to the quart), or by direct inoculation of the milk with *Streptococcus acidi lactici*. The latter gives the better results. Such a formula gives both the optimum and the maximum requirement, and yields a caloric value of 30 per ounce or 1 caloric per c.c.

So far no baby has been encountered, well or ill, who will not take this formula, and the average weekly gain in weight is nearly twice as much as with any other modified milk formula yet tried.

It has the great advantage of extreme simplicity, and its introduction as a routine feed has considerably lessened the work of the nursing staff, who previously had to prepare nearly as many different formulæ as there were babies in the ward! It is ten years since Dr. Marriott first used it extensively, and now the dreaded "D. and V." epidemics no longer exist in America, and the cots prepared for such cases lie empty!

Every dairy in the States sells an acid milk, which costs no more than the ordinary sweet milk, and if our

dairies here could be persuaded to do the same there would be a rapid drop in the infantile death-rate from summer diarrhoea.

At St. Louis, routine investigations played a much greater part than in our hospitals. For example, routine Wassermann reactions were done on every admission, and appeared to be an unnecessary source of expenditure (and of pain to the children), for there was never a positive reaction found in a child who had not definite clinical evidence of syphilis.

A routine intradermal tuberculin test (Mantoux), on the other hand, yielded the most interesting and instructive results, and the percentage of "positives" at Shadwell compared with St. Louis shows at once the vigour and success with which the tuberculosis problem has been attacked in America. I cannot give exact figures, but the percentage of positives under the age of 12 years was very small at St. Louis (I only recall seeing 4 in as many months), whereas in 500 routine injections at Shadwell in the past six months there have been 120 positive reactions.

The value of this test in children is great, both in diagnosis and prognosis, and it ranks as one of the most useful single tests available.

The frequency with which blood transfusions were employed, their ease of performance and the variety of ailments relieved thereby was another outstanding feature at the St. Louis Children's Hospital. While it is easy to become over-enthusiastic and acclaim transfusion as a panacea, there is no doubt that its use on a wider scale would be justified.

Intravenous blood transfusions have been employed in more than a hundred cases at the East London Children's Hospital since January, the majority in marasmic infants, and with the simple technique evolved the whole process takes but half-an-hour to perform, and the results would seem to justify its position as a therapeutic agent of no mean power.

The prominence given to parenteral sources of infection in gastro-intestinal upsets in infancy is but another example of Dr. Marriott's work in pædiatrics, and marks one of the greatest recent advances in treatment. It may be heretical, but one is forced to the belief that in an infants' ward a myringotome is as valuable as a stethoscope!

The excellent results obtained in the treatment of sick infants are very closely related to the intensity of such treatment, and the presence in the hospital of two whole-time professors of pædiatrics has much to do with this success in St. Louis.

It is to be hoped that the time is not far distant when pædiatrics will be more fully studied in this country, and when it will be realized that sick children demand

more than a "part time" appointment to cope with them.

In conclusion I would advise any recently qualified man who has the opportunity to do an internship in the U.S.A. to accept gladly, for I am convinced that he will learn more by that method than by any travelling or research scholarship, and will return with a better idea of how to face his problems, and with a much wider outlook on medicine in general and a deeper appreciation of the fine qualities of the American doctors, who, though not trained at Bart.'s, are nevertheless "stout fellows."

WILFRID GAISFORD.

WHAT YOU AND OTHER MEN.

"The really clever man is he who can see a little further into the future than other men."

AN age afflicted with the tachycardia of restless craze for novelty gives birth to nothing quite so ephemeral as autobiographies; and of their making there is no end. But when a man has surprised and bewitched the world for half a century, the world says unto him, "Give me your little book." And he says unto it, "Take it, and eat it up." By the wide sweep of his interests, the wealth and oddity of his knowledge, the drolness of his conceptions, the kindly simplicity of his tongue and pen, Sir John Bland-Sutton has impressed himself upon the consciousness and has endeared himself to the imagination of his profession. Now in his seventy-sixth year, he is taking his education as seriously as on the threshold of his academic career. Never has his mind been more virile, his enthusiasm more ardent, his humour more subtle, his tongue more persuasive. With his small black-coated figure, tiny hands, and vivid voice he is a familiar figure to Bart.'s, whose heart he won at an Old Students' Dinner when he lovingly dwelt on his personal associations with the Hospital; his deep affection for the memory of Sir James Paget, who had guided his footsteps when young and inexperienced; his gratitude for the help which Sir Anthony Bowlby had given to him as his successor in the Presidential chair at the College of Surgeons; his pride in the honorary membership of the Abernethian Society.

Sir John Bland-Sutton's contributions to medical literature run amok with variety and bristle with quaintness—the psychology of animals swallowed alive, life with one kidney, science of the bull ring, ulcers new and old, the migration of muscles, pins in the appendix, medicine and the Bible, the psychology of

conjoined twins: the author sails his theme in a world-embracing sea of allusion. Not long ago he teasingly spoke of "effusions in medical journals or other legitimate forms of advertisement." The pungent perfume of his words lingers in the pages of his latest book.* His autobiography, a striking epitome of his gift of self-effacement, is warmly recommended as a glorious respite from the struggle of examinations to victors and victims, alike to the raw recruit and to the veteran burdened with scars and decorations. The story of a surgeon is an inspiring song of hard work, of blind chances, fleeting opportunities, grim aspirations, and swift decisions. It is the tale of one who has climbed to the top of the professional tree by sheer force of character. It is the epic of the ascent of surgery to the pinnacle of unrivalled safety. Epoch-making scenes are painted before our eyes so quietly that they hardly stand out from the canvas. The footsteps of Paget, Pasteur, Treves, Manson, Douglas Powell echo through the pages. We come face to face with Thomas Cooke, the anatomist, Victor Horsley, "a man with a curious temper," Lawson Tait, "a quarrelsome fellow, rough and rude," William Wilks of Salisbury, who, "although blessed with a clever wife, chose his parlour-maids carefully, and preferred those who had had an illegitimate child."

Here is valuable material for historians to build upon, when the story of the progress of medicine in the last fifty years comes to be written.

Sir John Bland-Sutton intriguingly traces his inspirations to their source and skillfully sketches the influences which determined his career:

"Small in bone, short in limb, weak in muscle, and always ailing and easily duped, I learned wisdom in the stern school of experience."

"While skinning an animal, a clumsy assistant stuck the point of a knife into the middle finger of my right hand. In a few days I became acutely ill with sepsis. Dr. William Henry Day explained to me the nature of the injury and lent me a dried dissection of the forearm and hand. I soon mastered the muscles, tendons, and blood-vessels. This turned my attention to Human Anatomy; I determined to be a surgeon."

When he entered the Middlesex Hospital, the dissecting-room was a sports-ground where occasional boxing competitions and rat-hunts relieved the monotony of what is to many students a deadly dull subject. His anatomical demonstrations introduced an atmosphere of engaging novelty and soon became affectionately known as "Bland-Sutton's Entertainments." It intrigued him to lead his students along the Milky Way of

Fairy Morphology, "the very soul of Anatomy," and to step on the corns of teachers who deplored his "lapse from anatomical virtue." John Whitaker Hulke warned him that in teaching it was a great advantage to be able to sketch on a blackboard.

"I took the hint. After watching men who make chalk drawings on the pavement for alms, I soon became facile at this sort of work on a blackboard with coloured chalks. It has often amused me to remember that my foundations in Art were laid by pavement artists."

Early he took unto himself the commendable virtue of limiting his lectures to thirty or forty minutes, lest the students should develop ischial callosities like baboons.

"Fifty years ago the path to Surgery lay through the dissecting-room. To-day it lies through the Pathological Institute."

There is no man who has brought pathology into such intimate relation with the other branches of medical science and has created for it so lofty and indispensable a place in medicine's daily work.

At one time he was fired by the ambition to become an ophthalmic surgeon. He went to Vienna to become familiar with the ophthalmoscope:

"I foresaw that the ophthalmoscope would render valuable diagnostic aid in diseases arising elsewhere than in the eye."

A pioneer in gynaecological surgery, he had the foresight to realize and the courage to exploit the rich promise of Lawson Tait's heretical suggestions. Slowly he opened men's eyes to the limitless horizon of pelvic surgery. "My position in the Middlesex Hospital could not be described as a bed of roses."

In 1923 he reached the summit of his surgical career, being elected President of the Royal College of Surgeons, "an office which some surgeons regard as a prize, others as a penalty. I considered it a prize. The duties of President were congenial and (he adds with characteristic whimsicality) during the three years of my Presidency I received some honorary degrees."

The author's personal story is delightfully blended with tales of giants and dwarfs, of animals small, huge, and weird, of ill-fitting tooth-plates, and of engrossing visits to strange places. Everything human touches his sympathy and stirs him to outbursts of quaint poetry. There is a deep undercurrent of philosophy in his confession, "In reflecting on my early aspirations, I am satisfied that Time has arranged things for me better than I could have managed them for myself."

The author's style is engaging, and, when he deals with the domestic life of animals, inimitable: "Zoology is omnipotent among sciences, and it is the oldest study in the world. We become familiar with it in the nursery,

* *The Story of a Surgeon*, by Sir John Bland-Sutton, Bt., F.R.C.S., with a preamble by Rudyard Kipling. With 28 illustrations; pp. 204. London: Methuen & Co., Ltd., 1930. Price 12s. 6d. net.

and our interest in it increases with our religious exercises. Eden was the first Zoological Gardens, and Adam had the privilege of naming animals unfettered by priority of nomenclature, which is the bugbear of learned zoologists. The Bible opens with a delightful jungle story: Eden—a jungle—where our first parents wandered in perfect happiness until they were disturbed by an Evil Spirit in the form of a wily snake under an apple-tree, and Eve, wishful for a change of diet, ate an apple, lost Eden, and brought Sin and Death into the world."

The general make-up of the *Story of a Surgeon* is novel and surprising. Through a half-closed door the author lets us peep at a magnificent banquet. Our mouth begins to water. The door is closed in our face. We ask for bread and are given—anecdotes. Accusingly we look at our tormentor. His face is inscrutable, expressing neither amusement nor surprise. His thoughts are far away, busily scheming plots to make the world gape with astonishment during the next quarter of his century.

W. R. BETT.

A PERSISTENT MENTO-POSTERIOR FACE PRESENTATION DELIVERED NATURALLY.

MRS. W—, æt. 36 (M. 6), was confined on June 17th, 1930.

She was a healthy woman, of moderate build and not over fat. Her pelvic measurements were: Interspinal 10½ in., intercrystal 11¼ in., and external conjugate 8½ in.

Labour pains commenced at 8 a.m. on June 17th, and she was first examined at 4.30 p.m. At this time the pains were strong, but not bearing down in character. On abdominal examination the vertex was felt engaging and limbs were palpable to the left of the abdomen. The foetal heart was heard in the right iliac fossa. On vaginal examination the os was found to be one finger dilated, the membranes intact and the head presenting, but no sutures were felt.

At 7.45 p.m. the head was on the perinæum and the anterior fontanelle was felt anteriorly. The membranes were ruptured with Spencer-Wells forceps, and the face immediately presented with the chin posterior. The chin was freed and the head born by a process of flexion. The cord, which was around the neck, was pulled over the head. With the next pain the chin rotated to the left and the shoulders were expelled, followed by the rest of the body.

The baby, which weighed 7¼ lb., showed no abnormalities, except for a moderate degree of caput succedaneum

over the face. The labour lasted for twelve hours, and was longer and more painful than the patient had previously experienced.

Face presentations occur in about 6% of all labours, and in only a very small proportion of these does the chin rotate into the hollow of the sacrum. If the mento-posterior presentation persists obstructed labour usually ensues, as, owing to the limitation of extension of the foetal head, both the head and the upper part of the thorax must pass through the pelvic inlet at the same time. For this to happen the pelvis must be large, especially antero-posteriorly, the baby small and the pains strong. The other possible explanations of a mento-posterior presentation at the pelvic outlet are, that it has been formed by further extension of a "brow," or that the head passed through the pelvic inlet in the transverse diameter, and, after engagement, the chin rotated into the hollow of the sacrum.

The outcome of such a labour may be impaction, with death of the baby from asphyxia, and of the mother from exhaustion or rupture of the uterus. The child may rarely be born normally, as in the present case, if the relative size of the pelvis and the child permit; the chin may rotate late into the anterior position; or the head may partly flex and be born as a "brow" presentation.

For treatment deep anæsthesia is required. An attempt is then made to disengage the head and flex it to form an occipito-anterior presentation, or, failing this, it may be manually rotated into the mento-anterior position. If this fails an attempt may be made to deliver in the mento-posterior position with the aid of forceps, or a destructive operation must be undertaken.

It seems likely that in the present case, the conditions being favourable in the length of the antero-posterior dimensions of the maternal pelvis and the strength of the pains, the head passed through the pelvic inlet as a "brow," and extended into a face presentation when on the perinæum.

I should like to express my thanks to Dr. Wilfred Shaw for allowing me to publish this case, and to Mr. Burt White for helpful criticisms.

G. D. KERSLEY.

A CASE OF FACE PRESENTATION DIAGNOSED IN PREGNANCY.

THIS case is recorded because the occurrence of face presentation during pregnancy is rare in the absence of some abnormality of the foetus, such as anencephaly.

Mrs. E. N—, æt. 20, who had previously had one

normal labour, was seen in the Ante-Natal Department at the thirty-sixth week of pregnancy. The pelvic measurements were normal. The fœtus seemed to be presenting as a right mento-posterior; this was sub-

I wish to thank Dr. Donaldson for permission to publish this case, and Dr. Finzi for the excellent X-ray photograph.

H. B. W.



sequently confirmed by vaginal examination and by the accompanying X-ray photograph.

Labour took place at term, when the head became flexed spontaneously and was born as an anterior vertex presentation. The baby was normal and weighed 7 lb.

DE LEPRO.*

"**T**HERE is a disease called elephas, which has its rise on the River Nile, in the middle of Egypt," says Lucretius. In this paper I propose to try to weave together some of the many facts which have been handed down to us about the history of this disease "elephas," or "leprosy," and its relation to the health of the inhabitants of mediæval Britain.

I must, of necessity, give a few of the less interesting chronological details, concerning the disease in general, before dealing with its history in these Isles.

Leprosy is one of the oldest diseases known to man; it has at various periods in its history attacked nearly every nation in the world, and to-day it holds an undefeated fortress against the hand of medicine. The birthplace of the disease is held by most authorities to have been in Egypt, and its spread outwards from this source is said to be traceable in all directions, it being carried especially eastward by travellers and traders.

Mr. Warren Dawson, who has gone into this question of leprosy and its birth in Egypt, in the notes which he has given me, concludes that there is no evidence for believing that the disease originally came from the land of the Nile. Whence then did leprosy come? The disease was known in Palestine many hundreds of years before Christ, and the account of the leper laws and customs can be found in those remarkable thirteenth and fourteenth chapters of Leviticus. One must pause at this point to consider whether the leprosy as known in Biblical times was the same disease as that which we know by the name of *elephantiasis græcorum*.

It must be obvious to anyone who is acquainted with biblical medicine that the term "leprosy" in the Mosaic books was used in a generic sense to include all forms of undiagnosable skin lesions. A leper was essentially either "white as snow," or "full of sores." Thus, Job was supposed to have been a leper because he was smitten with boils and had sores about his body. The use of the term remained largely the same during the history of the disease in Britain.

In 600 B.C. leprosy was known in Hindustan and China, while it was not till 200 B.C. that it was common in Greece. In 100 B.C. the disease had spread to Italy and the south of France, while the earliest date at which we have any knowledge of it being brought to England was in 60 B.C. Very little is known, however, concerning the disease at this early stage in its sojourn in

Britain, and it is quite possible that this was not true leprosy, but was some allied disease.

It was not till the seventh century after Christ that leprosy began to make any impression upon the health of the inhabitants, for it is believed that the first leper house was founded at Nottingham in A.D. 625. Sir James Simpson is given as the authority for this date, but it is disputed by many, who consider that the first leper house was not founded till the eleventh century.

In Ireland, most authorities state that the disease existed in the ninth century, and they give A.D. 869 as being the date of the earliest leper house. The institution which they quote is the fictitious leper house of Armagh, the true explanation of which has been put forward by Lieut.-Col. MacArthur; I hope at a later stage of this paper to give a shortened account of his explanation.

In the mind of a sceptical historian the question must surely arise, "Was true leprosy ever a disease known in Britain, since the term was so vaguely applied?" The answer to this may be found in the writings of two thirteenth century physicians, Bernardus Gordonius* and Gilbertus Anglicus.† The picture portrayed by both of these writers is unmistakable; among their descriptions are the following:

"The eyebrows falling bare and getting knotted with uneven tuberosities, the nose and other features becoming thick, coarse and lumpy, the face losing its mobility or play of expression, the raucous voice, the loss of sensibility in the hands, and the ultimate breaking up of the leprous growths." The descriptions show that the observations of these two physicians were accurate, and they cannot fail to impress the picture of true leprosy upon the mind of the reader. Gilbert's whole chapter *De Lepra*, is full of first-hand observations and was an obvious advancement on the descriptions given by the Arabian authors Rhazes and Avicenna.

It is clear, therefore, that if such remarkable descriptions existed, the disease must have been of fairly common occurrence.

Why then should "leprosy" have been taken as such a vague term, used to include all forms of skin lesions? Among the many diseases to which it was applied were psoriasis, pityriasis, tuberculides, syphilides, leucoderma, besides true *elephantiasis græcorum*. It was even commonly used in the case of animals with mange. The term "leprosy" of mediæval England was much allied to the term "eczema" of to-day. It may

* *Bernhardi Gordonii Opera Medica*, Lugd., 1542, pp. 48 and 49.

† *Gilberti Anglici Compendium Medicinæ*, ch. "De Lepra." In an official report given to the Roy. Soc. of Med. of Paris in 1782, upon the Greek *elephantiasis*, MM. Chamisso and Coquerneau specially allude to Gilbert's description as the most clear exposition of it to which they could refer.

* Being a paper on the History of Leprosy in Britain, read before the Osler Club on Friday, June 27th, 1930.

be that in many years' time, when eczema has a more specialized meaning, that it will befall the lot of some unfortunate historian to unfold the history and meaning of the term as we use it at present. We are his fore-runners to-day in seeking the meaning of the term "leprosy" of the past ages.

The explanation of this vagueness brings one at once into contact with the laws and methods of diagnosing those who were smitten by the disease, from those that were whole.

The contagiousness of leprosy was recognized as far back as Biblical times, and the isolation and segregation of lepers was always enforced. Medicine during the prevalence of the disease in Britain was at its lowest ebb. The whole of life was centred upon the religious observances of the day, so that it was only natural that the greater part of the medical work was done by the priests, who ministered not only to the spiritual but to the bodily requirements of their people. The diagnosis of disease rested almost entirely in their hands, and it is unlikely that such diagnosis was ever accurate.

It was the duty of the priests to detect those who were unclean and who ought to be kept apart from the community at large. The few often suffered for the benefit of the many. We know to-day that the diagnosis of leprosy is often extremely difficult and can be only really certain after the performance of a bacteriological examination, at which the bacilli are found. How then could the diagnosis have been certain in those far off days? We can understand how difficult our forefathers must have found the detection of true leprosy, and it is no wonder that their mistakes were many.

We now come to the most critical stage in the whole subject, that is, the manner of casting out and separating those who were leprous. The suspected person, after he had undergone a thorough examination by the priest or doctor, was proclaimed as being a leper, and had to undergo a most gruesome ceremony, which was very similar to our present-day burial service. First of all the sick man was clad in a cloak or shroud and was placed on a bier; he was then carried to church at the end of a procession of relatives and friends. When he had arrived in the church the bier was placed on two trestles from which hung a black cloth; the priest then read a requiem mass. At the end of the service holy water was sprinkled upon the sick man's head, and he was led by the priest into the churchyard beside an open grave. Dust was sprinkled by the priest three times upon the leper, while the words "Die to the world, be born again in God" were repeated. While the psalm for the dead was being chanted the priest gave the leper his scrip for alms, his stoup for water, his wallet for food, his

gloves, his cloak and his clapper; he then put some money in the leper's alms box, thus setting the example to the congregation. Finally certain prohibitions were imposed before the wretched man was thrown to the world as an outcast, to end his days in solitude and suffering.

I forbid you ever to enter churches, or to go into a market or a mill, or a bakehouse, or into any assemblies of people.

Also I forbid you ever to wash your hands or even any of your belongings in spring or stream of water of any kind; and if you are thirsty, you must drink water from your cup or from some other vessel.

Also I forbid you ever henceforth to go out without your leper's dress, that you may be recognized by others, and you must not go outside your house unshod.

Also I forbid you wherever you may be, to touch anything which you wish to buy otherwise than with a rod or staff, to show what you want.

Also I forbid you to have intercourse with any woman.

Also I command you when you are on a journey not to return an answer to anyone who questions you till you have gone off the road to leeward, so that he may take no harm from you; and that you never go through a narrow lane, lest you should meet someone.

Also I charge you if need require you to pass over some toll-way, or through rough ground, that you touch no posts or things whereby you pass till you have first put on your gloves.

Also I forbid you to touch infants or young folk whosoever they may be, or to give to them or to others any of your possessions.

Also I forbid you henceforth to eat or drink in any company except that of lepers. And know that when you die you will be buried in your own house unless it be by favour obtained beforehand, in the church.

We see from these laws how very strict were the precautions which were apparently taken to prevent the spread of the disease; yet in other ways incredible laxity existed. For example, when a leper was once established in a leper house, his friends and relatives were allowed to visit him and even stay a night with him.

The writ of removal of a leper ordered the final careful examination by those men who were discreet and had the best knowledge of the accused person and his disease. Probably, however, the best examination that was given was not very good, for many were judged as being leprous for the convenience of those in high positions. Thus, in 1310, the Bishop of Lincoln, while directing the resignation of one of his clergy stated that "he is sprinkled with the spot of leprosy." Such an accusation completely doomed the poor priest in question.

False accusations, brought by over-zealous officials were by no means rare, and many dignitaries found themselves in difficult circumstances trying to prove their innocence. One realizes the awfulness of being judged a leper, for when a man was once certified, the stigma clung for the remainder of his life.

When the leper had definitely been made an outcast, his fate was irrevocably sealed and his life became one of mental anguish. The bodily torture and nervous strain rendered his life wearisome and offensive, to

himself no less than to others. These effects accompanied by the absence of the restraining forces of family life made him often rebellious, irritable and evil in his habits. Those responsible for the care of lepers long ago discovered as we realize to-day, that leprosy develops to a high extent what is worst in man.

Hope was, and is, the only therapeutic factor that can have effect upon such lives. The alleviation of the agonized mind was undertaken by physician and priest, and played a large part in the treatment of the disease.



FIG. 1.—COSTUME OF A LEPER IN THE MIDDLE AGES. (AFTER A MANUSCRIPT IN THE LIBRARY AT DIJON, "MYSTERY OF THE ANTICHRIST.")

[By permission of the Wellcome Historical Medical Museum.]

The sick men were encouraged religiously; they were told that they were God's chosen children and were in no way being punished for their sins.

It is of interest to notice the change which took place in the public attitude towards lepers during the religious revival of the twelfth century. The leper had been a creature loathed and hated by the world, but gradually religion came to link the idea of Lazarus, who was loved by Christ, with that of the gruesome figure who went about with his clapper crying, "Unclean." The leper came to be respected and even loved, for he was considered to be one of Christ's special

children who suffered all things in this world so that he would be certain of salvation in the next.

He began to have other names attached to him, thus he was known as "Christ's poor," and as a "Lazarus."

Dr. Charles Creighton points out that "the association of ideas with Lazarus is a good sample of the want of discrimination in all that pertains to medieval leprosy." Some folk even pretended to be suffering from the disease themselves, so that they might think that they were certain of eternal salvation.



FIG. 2.—ST. MARTIN'S CHARITY. (AFTER THE PICTURE ATTRIBUTED TO CONRAD WITZ IN THE MUSEUM AT BÂLE.) ST. MARTIN IS GIVING A CORNER OF HIS MANTLE TO A LEPER.

[By permission of the Wellcome Historical Medical Museum.]

Several incidents told about lepers bring out the reality of these absurd religious views about the disease. Roger of Howdon has preserved the following story of Edward the Confessor:

"Proceeding one day from his palace to the Abbey church in pomp and state, the King passed with his train of nobles and ecclesiastics through a street in which sat a leper, covered with sores. The courtiers were about to drive the wretched man away when the King ordered them to let him sit where he was. The leper, waxing bold at such a concession, addressed the King and demanded that he should be carried into church on the King's shoulders. The King immediately bowed his head and carried the leper as demanded. While he made his way he prayed to God that the leper should be given health, and we are told that his prayer was answered and the leper restored."

Similar stories are told of Matilda, the queen of Henry I. Alfred of Rievaulx relates how one day Prince David visited the Queen, and on entering her house found it full of lepers. In their midst stood her majesty washing, and even kissing the lepers' feet. She begged the Prince to do likewise, saying that in so doing he would be kissing the feet of the eternal king. The Prince wisely made an excuse and hastily departed.

St. Hugh of Lincoln was another example of this leper mania; he used to visit the lepers and would even dwell and eat with them, saying that he was inspired by the example of Christ and his teaching concerning the beggar Lazarus.

The leper, therefore, became to be regarded as sacred, and he lived, for the time being, away from poverty and misery. Out of their religious conceptions sprang benefactors who were willing to found institutions where these lazars could be properly housed and cared for. The motive of such benefactors was twofold; either it was a genuine love for the brotherhood or it was a selfish motive. For the founder turned not only for spiritual and temporal profit in this life, but above all, for the help to his soul in the world to come, to the prayers of the inmates of the leper house.

Among the many who became such benefactors, one must mention King John, who, in spite of all his misdoings, is often regarded as the conspicuous patron of lepers. John is said to have founded houses at Lancaster, Newbury and Bristol, and he is known to have granted the privilege of holding fairs to many communities of lepers. To the lepers of Shrewsbury he gave the right of extracting a handful of corn from every sack that was exposed for sale in the market.

It has long been a matter of discussion as to the exact number of leper houses that were in existence during the height of the disease in Britain. There is said to be documentary evidence to account for over 200 such institutions. This at first appears unbelievable, but on further investigation, it is quite easy to discover that a large number of so-called leper houses were simply almshouses, established for the care of the poor and sick. Many other institutions were founded only in part for lepers. It is out of place here to go into a detailed account of the leper houses of Great Britain. One example alone will illustrate how very exaggerated are the views, held by many, as to the true significance of these institutions. I refer to the fictitious leper house at Armagh, already mentioned earlier in this paper. "This leper hospital finds an honoured place in the tables of such foundations, and in view of its supposed antiquity often heads the list," says Colonel Macarthur. Sir George

Newman,* in his well-known essay on the subject of leper houses, says "the earliest notice of a leper house in Ireland was in A.D. 869, when the hospital flourishing at Armagh was demolished and sacked during Arlaf's invasion." Other authorities quote it in similar fashion. Yet, there is no mention of such a hospital in any of the chronicles which describe the destruction of Armagh by the Danes. All statements which have evolved by extensive cross copying from book to book, have originally come from the criminal hand of Belcher.† This man cites the *Annals of Innisfallen* as his authority, and he evidently used the Latin translation. The translation that Belcher gives is as follows: "Devastation of Armagh by Arlaf, so that the city was burned with its houses and hospitals (*Nosocomiis* or *leper houses*).". In the Latin there is no single word about lepers, Belcher's addition of leper houses is merely a meaning of his own invention. The word *nosocomium* means hospital, neither more or less, and says Colonel MacArthur, "he might have translated the word as meaning 'hospital for the diseases of the chest,' with quite as much justification as by 'leper house'." The beginning of this misleading story did not, however, start with Belcher's work, for his translation was taken from one of many ancient Irish historical works translated into Latin by Dr. Charles O'Connor, a man whose Latin translations are famed for their inaccuracy. The original word which was taken from the Erse and translated into *nosocomiis* has no connection of any sort with hospitals, but is merely the dative plural of the word for oratory. Thus we have a word originally meaning oratory corrupted by the hands of interfering folk into quite a different meaning. This is surely an excellent example of the foundation of an historical fairy tale which has misled historians for many generations.

We have already mentioned something of the many restricting laws which were imposed upon lepers; anyone found suffering from leprosy was divorced, and his wife allowed to marry again. This law was passed as early as A.D. 950 by Hywel Dda, a Welsh king, famous for his law-giving. At Marseilles lepers were allowed to marry other lepers, but this was never allowed, as far as is known, in Britain. Lepers were regarded as being dead by civil law, and they were not allowed to inherit property or make a will.

I cannot resist making a few destructive comments with regard to the common conception concerning certain windows, the so-called "leper windows," that are to be found in some churches to this day.

In churches of early English, Norman and even Saxon

* *Leprosy Prize Essays*, Newman, Ehlers, Impey (London: New Syd. Soc., 1895, pp. 28).

† *Medieval Leper Hospitals in Ireland*, T. W. Belcher, M.D.

architecture, these windows can be found usually situated at the south-west angle of the chancel. They are sometimes called "Squints," or "lychnoscopes." Some people quite wrongly call them "hagioscopes," a term which is used for quite a different aperture. It is stated that these windows were built for the use of lepers who were not allowed inside the Church, but who could watch the service from outside. Charles Cox* tells us that lepers were especially forbidden to enter the graveyard of churches. If we accept his authority what use then could these windows have been to one who was not allowed to look through? Their significance has been a *vexata questio* among ecclesiologists for many years. Theories have arisen from time to time as to their probable use. Of these the suggestion that they were used as apertures for the ringing of the Sanctus bell, before bell cotes, situated on the nave of the church, had come into use, seems to be one of the most likely, or again, that they were used as external confessionals by passing pilgrims.

The hagioscope which is sometimes confused with the lychnoscope, was built inside the church, and was placed as a squint window for those families who had private chapels, so that they could view the proceedings during the performance of mass. Examples of hagioscopes are many, but the confusion between them and lychnoscopes prevails everywhere. Whatever the true use of the "leper windows," it may be said, in summing up, that they were probably never used by lepers at all, and that the name became applied to them during the religious revival.

In considering the methods of treatment of leprosy in mediæval Britain, one must realize, as one does to-day, that there is no specific cure for the disease. Any treatment adopted would be influenced by the religious and superstitious beliefs of the day. Herbal therapy held its sway, so that decoctions were made up containing nearly every plant in the botanical world. Hydrotherapy was amongst the most efficacious modes of treatment, so that there came to be great rivalry between the various spas where such treatment was undertaken. Of these spas, Bath was amongst the most noted, and even as late as 1763 we find the following case described as being one of "a leprosy" treated by this means.†

Mary Tomkins, æt. 22, at 5 years of age had a surfeit which every year grew worse. At 12 years of age it appeared a confirmed leprosy, and spread all over her body, head, face, hand and feet not excepted. She has taken all kinds of medicines. About seven years since she was sent to London to St. Bartholomew's Hospital, where she was

nine months. They tried a variety of medicines and even salivation. She was turned out incurable. No one person chooses to take her into their house.

WILLIAM HICKS, *Apothecary.*

Bicester, Oct. 30, 1763.

The Notes of the Case by Dr. Oliver (physician to the Royal Bath Hospital) were as follows :

"I never saw so bad a leprosy case. The girl's skin was almost universally covered with large, thick, hard, dry scabs of a dark brown colour; except that on her face these brown scabs were specked with white shining silver scales, which gave her countenance a very shocking appearance. The clefts between the scabs were wide and deep, so that her skin resembled the bark of a tree, and her disease appeared to me to be a species of that kind of leprosy, which from the effects it produces in the skin, has obtained the name of elephantiasis. She was admitted into the hospital on the 31st of December, 1763. As she was of a full habit of body, evacuations by bleeding and purging were required to prepare her for the waters. When these were undergone she began to drink the waters and to bathe twice a week. She was given this treatment, accompanied by a course of special ointment over a period of nine months, at the end of which she was discharged cured."

This case, one concludes, was probably one of psoriasis, and is typical of many out of a series, which are described as being leprosy. Witchcraft and magic played their part in the treatment of the disease, but it chiefly remained for the priests to do what psychotherapy that they could.

The fourteenth and fifteenth centuries saw the beginning of the decline of leprosy in Britain, and many leper houses began to be demolished or used for other purposes through the shortage of inmates. Some institutions had become very rich, which led on the one hand to terrible persecutions, and on the other to great abuses. This fact is best illustrated by the evil doings of Philip the Tall, who, being in need of money, cast a covetous eye upon certain of these leper houses. He therefore accused the lepers of having poisoned the wells in many villages by throwing into them a mixture of human blood and herbs. On this false charge hundreds of innocent lepers were burnt alive, and the money belonging to the institutions confiscated.

The cause of the decline of leprosy is a matter for speculation; some consider that it was due to the more cleanly habits of those who lived in the fourteenth and fifteenth centuries. I see little evidence for such a theory. Others consider that the segregation, accompanied by strict measures against contagion, accounted for the decline. A more probable explanation is that the Black Death killed off large numbers of lepers, and also those more weakly members of society who were likely to succumb to some such disease.

One of the most interesting theories put forward is that in which leprosy is supposed to have evolved into another disease, and has gradually been replaced by it. This disease is tuberculosis.* The evidence for such a

* *The English Parish Church*, p. 306.

† *Three Tracts on Bath Water*, 1774, R. Charleton, M.D. Tract III, Case XII, p. 24.

* See *Lancet*, July 11th, 1896, ii. "Tuberculosis and Leprosy: A Parallel and a Prophecy," by Arthur Ransome, M.D., F.R.C.P., F.R.S.

theory is in the similarity of the bacilli, the chronicity of the two diseases, the resemblance of the lesions produced, and the difficulty with which both diseases are treated. The parallel is obvious, but it must be remembered that tuberculosis is also a very old disease, and dates back many thousand years. Some consider that the two diseases are really one, but of different forms.

A similar but less obvious parallel has been drawn between leprosy and syphilis. During the sixteenth century there was much discussion as to whether syphilis was not in reality the offspring of leprosy. The idea probably arose on account of the admittance of syphilitics into leper houses, since these institutions were becoming uninhabited. It was, however, not long before syphilis was recognized as a clinical entity, and the relationship of the two diseases divorced. To-day syphilis in its turn is disappearing, after it has held its sway for nearly 600 years. I leave it to you to decide if any disease, such as cancer, is usurping its place.

This brings me to within earshot of the present day. I must before closing mention something about the theories of the causation of leprosy. Nearly every known cause of disease has been assigned to leprosy from time to time. The absence of sanitation, poverty, dampness of soil, overcrowding, hereditary taint, inoculation have all been put upon the altar of reason, and tested by the flames of investigation. A further theory, which at the time when it was put forward produced much heated discussion, was first made by the late Sir Jonathan Hutchinson.* He considered that among the inhabitants of certain districts the eating of putrefying fish causes the disease. Hutchinson found that in India and other countries, certain fish-eating tribes were tremendously affected by leprosy, while their fish-abstaining brothers in neighbouring districts, were completely free from the disease. This was the case among the Salsette christians, who being Roman catholics were large fish eaters. Many other instances were found where the disease was prevalent in exactly the reverse manner; fish eating tribes who lived in the villages were free, while fish-abstaining tribes who lived high up in the hills were extremely susceptible. The Leprosy Commission who were asked to decide upon the value of this theory came to the conclusion that the eating of putrefying fish, although perhaps a factor in producing the disease, was not the direct cause. The bacillus of leprosy was first observed in leprosy tissues by Hansen in 1871. It was the subject of several communications by him in 1874† and later.

* See *Brit. Med. Journ.*, 1903, ii, 701.

† *Norsk Magazin for Lægevidenskab*, 1874.

The discovery is one of the greatest landmarks in the history of the disease.

Before concluding I would like to let you look hastily at the present status of leprosy throughout the British Empire. There are to-day about 416,000 lepers in the Empire; 250,000 of these are in India alone, while there are 95,000 in West, and 52,000 in East Africa. Leprosy is therefore by no means a rare disease, although I may be sure that there are few present to-night who have seen many or even any cases. There are about 50 lepers in England, segregated at two main colonies, and cases do turn up occasionally in the wards of our large London Hospitals. There has been quite recently a case under the care of the medical professorial unit at St. Bartholomew's. A leper to-day has to undergo the same solitude and mental torture that his forefathers did, many hundreds of years ago. He is still often turned adrift into the world to pick up a living by begging. Work has been and is still being done to try and make the lives of these lepers more bearable. Science has brought pleasure to many of their lives in the form of the cinematograph. Films are presented to leper colonies, and are shown to the delight of the inmates. Lepers are segregated to-day just as they were of old; the work of the British Empire Leprosy Relief Association undertakes the raising of money for the supply of food and clothing for lepers in the Empire. Many missionary societies have the same undertakings in their hands, for the religious conception concerning the disease exists to-day, as it did in Mediæval England.

The treatment of leprosy to-day leaves much to be desired, for medicine has not yet gained the upper hand. Encouraging results are brought forward following the use of hydnocarpus oil and its derivatives. Potassium iodide, sodium gynocardate, sodium morrhuate are all used with varying success, but there still remains the fact that, *there is no specific treatment*. The term leprosy of to-day is not that of Mediæval England. It is applied to one disease and one disease only, that disease being *elephantiasis græcorum*.

To how many cases of our common skin-diseases would a mediæval physician draw our attention as being leprosy if we were to lead him round the out-patient departments and wards of to-day? At last he would stop at the bedside of the case I am going to describe to you in conclusion, and he would remark, "Well, can't you with all your asepsis, vaccines and modern methods of treatment do anything for this poor leper; you laugh at us old time physicians, yet you are very little nearer the goal yourselves."

The case in question is that of a blind leper who was in St. Bartholomew's Hospital in 1922, and formed the subject of a clinical lecture by Sir Leonard Rogers.

The patient himself wrote a description of the symptoms of his disease,* a fact which is of interest from the human rather than from the medical aspect. He spent his childhood in the tropics and was in contact with lepers a great deal. On reaching the age of 13 the first symptoms manifested themselves in the way of a pigmentation of certain parts of his skin. A few years later he began to lose the sensation in his fingers, and the numbness in them interfered with his proficiency at cricket. This sign, though trivial in itself, heralded the onset of an awful physical decay. When he was 23 he began to have iritis and other eye troubles, so that three years later he was almost completely blind. During the same period some of the distal phalanges of his feet and hands became lost, and at 28 he began to have ulceration in his mouth and larynx.

From an early stage Chaulmoogra oil was given in some form or another, but it had little effect. The gradual growth of the leonine features, the extension of the blindness and the mutilation of the hands all bear witness to the helplessness of medical science to-day in regard to this disease. The patient seemed to suffer from the fact that he was of great clinical interest, and was seldom allowed to forget that he was an ill man; he appealed to his doctors to consider more carefully than they do the psychological aspect of their patients.

The whole history of the case illustrates fully the present status of leprosy, and from it we are able to realize the mental and physical conditions with which those sufferers in the middle ages had to contend.

The illustrations are reproduced, with kind permission, from photographs in the possession of the Wellcome Historical Medical Museum.

J. MOLINEUX JACKSON.

ACKNOWLEDGMENTS.

Acta Paediatrica—The British Journal of Nursing—The Bulletin of the American Hospital Association—Ceylon Medical College Magazine—The Clinical Journal—L'Echo Medical du Nord—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—Long Island Medical Journal—The Medical Journal of Australia—The Middlesex Hospital Journal—The Nursing Times—The Post-Graduate Medical Journal—The Royal Dental Hospital Magazine—St. Mary's Hospital Gazette—The St. Thomas's Hospital Gazette—Sydney University Medical Journal.

* St. Bartholomew's Hospital Journal, February, 1922.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. ST. ANNE'S C.C.

Result: Won by 223 runs.

July 9th, at Virginia Water.

A weak Hospital side proved too strong for their opponents, who were unfortunate in having two of their best cricketers absent. Winning the toss the Hospital batted first on a perfect wicket, and had scored 250 for the loss of 7 wickets, when the innings was declared closed. Wheeler batted extremely well in scoring 79. Mundy, if somewhat over-cautious, contributed a useful 57.

The bowling of Wedd and Anderson proved too good for the opposing batsmen, who were all dismissed for 27.

ST. BARTHOLOMEW'S HOSPITAL v. HORNSEY C.C.

Result: Lost by 7 wickets.

July 12th, at Winchmore Hill.

In this game the Hospital sustained defeat owing to inability to score quickly enough on a fast wicket. Batting first they had scored 204 for the loss of 6 wickets during the course of 2½ hours, when the innings was declared closed, Gilbert having scored 103 runs in excellent style. Capper (33), Wheeler (22) and Fulton (21) also batted well, but all (except Gilbert) scored too slowly for a half-day game.

Hornsey were given an hour and three-quarters in which to get the runs. The first wicket fell at 17, but before the bowlers met with further success (at 71), it was obvious that the opposing batsmen intended to make a determined endeavour to get the runs. Carter had played a splendid innings of 112 not out when the Hospital total was passed with only three men out.

The Hospital fielding was disappointing, and in the absence of Wedd the bowling lacked sting.

ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

Final Inter-Hospital Cup.

July 14th, 15th and 16th, at Winchmore Hill.

Bart's were fortunate enough to win the toss for choice of grounds. Slight rain during the previous night had done no more than freshen the grass and soften the baked outfield, and the wicket looked in excellent condition, though just a little soft. Capper did the team a great service by again winning the toss. (In all the cup-ties and in all except two of the Club matches he was successful in this important department.)

Bart's batting first. Nunn and Gilbert opened the innings against the bowling of Marshall and Schilling. In spite of his long run, the former bowler did not appear to be able to make the ball come fast off the pitch, and presented no difficulties to the batsmen. Schilling, however, bowling medium pace on the off stump and turning away slightly kept an excellent length. With only 15 runs scored Nunn played inside a ball from Schilling, and just touching it was caught at the wicket. Boney was next in and showed excellent form from the start, his hooking of balls at all short of a good length being very fine. Meanwhile Gilbert batted steadily. The score mounted at a good pace, but at 63 Gilbert was bowled. He had batted well at a critical period. Capper came next and started with fourteen singles. Then in essaying a big pull he so injured his back that for the rest of his innings he was unable to bend down, and awaited the delivery of each ball standing erect with his bat just touching the block. This attitude seemed to encourage the bowlers to over-pitch their balls and Capper commenced to drive with great power. Meanwhile Boney continued to bat very well, but with the total at 147, and having just completed his fifty, he was caught at second slip off Schilling. Wedd came next and, though not timing the ball so well as usual, he had added a useful 29 before he was caught in the slips off Hedley. Capper—driving with great power—had brought his score to 98 when a heavy shower of rain caused an interruption. On the resumption he immediately lost his wicket, a ball from Hedley coming off the edge of his bat on to his head and

thence into the hands of second slip. This great innings completely demoralized the bowlers, and to it more than to anything else the subsequent victory was due. In it were included a six and fifteen fours, and most of the runs came from powerful driving. Five wickets were down for 238 at this stage. Wheeler, who had been batting very well recently, was given out to a rather doubtful decision, and shortly afterwards Gabb also left. Seven wickets were down for 259 and the eighth wicket fell at the same total. Anderson batted confidently, however, and was largely responsible for raising the total to 289 for 9 and 387 for 10. He hit very hard, and at the close was undefeated with 66 runs to his credit.

St. Thomas's opened their innings against the bowling of Gabb and Hay-Shunker and had scored 20 without loss when stumps were drawn for the day. Rain fell so heavily during the night that on the next day the wicket was unplayable and a new one prepared. In spite of the rather disheartening conditions the opposing batsmen batted determinedly, but scoring only 195 runs they failed to prevent the follow-on. Smith (46) played a very sound innings. Light (36 not out) and Carlyle Gall also batted well. Lowden hit very hard for 24 and was out to a magnificent catch by Gilbert—one of the best catches ever made on the ground.

All the bowlers had bowled well—Wedd particularly so—and the fielding had been good. Capper was unable to field and Boney had managed the bowling skilfully.

Following on the opposing batsmen offered less resistance, and though the game was continued into the third day the side was dismissed for 160, the Hospital thus winning by an innings and 32 runs.

And so, after a game in which we had perhaps more than our fair share of luck, but nevertheless deserved to win, the Cricket Cup will help to decorate the Library for a whole year for the first time since 1907.

St. Bartholomew's Hospital, 1st Innings.

J. A. Nunn, c Robb, b Schilling	7
R. G. Gilbert, b Rouillard	30
A. R. Boney, c Hedley, b Schilling	50
W. M. Capper, c Rouillard, b Hedley	29
G. D. Wedd, c Light, b Hedley	98
F. E. Wheeler, c Robb, b Marshall	7
W. H. Gabb, lbw, b Marshall	6
J. D. Anderson, not out	66
J. N. Fulton, c Rouillard, b Hedley	0
C. L. Hay-Shunker, st Robb, b Marshall	15
J. E. A. O'Connell, st Robb, b Light	41
Extras (byes, 26; leg-byes 2, wides 2, no balls 8)	38
Total	387

St. Thomas's Hospital.

1st Innings.	2nd Innings.
K. H. Smith, c and b Hay-Shunker	b Hay-Shunker
L. A. Rouillard, c Gabb, b Anderson	b Gabb
C. A. Carlyle Gall, c Fulton, b Anderson	c O'Connell, b Gabb
A. H. Knowles, c Boney, b Gabb	c Boney, b Hay-Shunker
L. B. Light, not out	c and b Anderson
A. B. Marshall, b Hay-Shunker	c Wedd, b Hay-Shunker
R. F. Winkworth, c Gilbert, b Hay-Shunker	b Hay-Shunker
P. A. T. Lowden, c Gilbert, b Wedd	c Wheeler, b Gabb
J. O. Hedley, lbw, b Wedd	st Fulton, b Hay-Shunker
R. Schilling, b Wedd	b Anderson
D. R. Robb, b Wedd	not out
Extras (byes 26, leg-byes 6)	(Byes 6, leg-byes 5)
Total	Total
195	160

Bowling Analysis.

St. Thomas's Hospital, 1st Innings.

Gabb, 1 for 38.
Hay-Shunker, 3 for 41.
Wedd, 4 for 46.
Anderson, 2 for 33.

2nd Innings.

Gabb, 3 for 51.
Anderson, 2 for 22.
Hay-Shunker, 5 for 37.

ST. BARTHOLOMEW'S HOSPITAL v. R.A.F. (HALTON DIVISION).

Result: Won by 59 runs.

July 19th, at Wendover.

For winning this match with a very weak side the Hospital had largely to thank Wheeler. Going in at the fall of the first wicket he was undefeated at the close with 116 runs to his credit. He batted extremely well, and though receiving little support from the earlier batsmen, the last two, Cook (23) and Grooves (23), gave very valuable assistance and the total reached 219.

The R.A.F. were dismissed for 160, Gabb bowling well and taking 7 wickets for 41 runs.

The Club can look back upon an excellent record during the season. Of the 19 games played, 10 were won, 4 lost and 5 drawn, and in all except one of the drawn games the Hospital was decidedly on top.

Capper was a good captain and did much to keep the team together. The batting was very strong and rarely was a score of less than 200 made. Wheeler, Gilbert, Boney, Nunn, Capper, Wedd and Gabb all batted very well at times, Gilbert and Wheeler being most consistent.

The bowling was usually good, and though Hay-Shunker did not bowl as well as last year, Wedd was a tremendous asset, having not only a good control of the ball, but also the knowledge of the game which enabled him to use it. Anderson and Gabb also often bowled well.

The fielding was usually good, Nunn at cover, Capper in the slips or at short leg and Gilbert anywhere being especially conspicuous.

Next season the team should be even stronger than at present, and there is every possibility of the Cup remaining with us for some time now after its long absence.

J. E. A. O'C.

AVERAGES.

Batting.

	Innings.	Runs.	Highest score.	Times not out.	Average.
F. E. Wheeler	16	464	115*	2	33'1.
R. G. Gilbert	17	491	103	..	28'9.
W. M. Capper	17	473	98	..	27'8.
A. R. Boney	14	349	56	..	24'9.
G. D. Wedd	13	295	51	..	22'7.
J. A. Nunn	9	173	51	1	21'6.
J. D. Anderson	17	227	66*	5	18'9.
W. H. Gabb	13	239	44	..	18'3.
J. E. A. O'Connell	16	122	41	4	10'2.
J. N. Fulton	12	108	21	1	9'8.
C. L. Hay-Shunker	12	71	23	1	6'4.

* Not out.

Bowling.

	o.	m.	r.	w.	Average.
G. D. Wedd	149'2	41	300	37	8'1.
J. D. Anderson	149'1	36	323	28	11'6.
W. H. Gabb	131'0	24	442	34	13'0.
C. L. Hay-Shunker	257'0	82	605	44	13'8.

UNITED HOSPITALS SWIMMING CLUB.

The Annual Gala of the United Hospitals Swimming Club was held at the Bath Club on Tuesday, July 1st, Mr. T. B. Layton, presiding. The evening was, as usual, a great social success, every available seat and square foot of standing accommodation being taken. For the first time we won both the Inter-Hospital Water Polo and Swimming Cups in the same year. Our success in the Swimming Cup was almost entirely due to R. J. C. Sutton and C. K. Vartan.

In the first event, the 50 yards final, Sutton won comfortably in 25½ sec., beating his own record of 25½ sec. made last year. In the

next event, the Inter-Hospital Nurses' 50 yards final and also in the Nurses' team race later, we were very disappointed not to see Bart.'s represented. In the diving neither of the Bart.'s pair were placed though R. G. Gilbert dived well. Sutton next won the 100 yards final in the splendid time of 58½ sec. He led all the way to beat his own record, also made last year, of 59½ sec. C. K. Vartan swam a great race with de Gruchy of Guy's for second place, just losing by a touch.

In the 200 yards final R. Bolton, of University College Hospital, led, with Vartan close up. Bolton fell behind and Wolfe of St. Thomas's was level with Vartan at the end of the seventh length. Then followed a splendid race over the last length; Vartan's previous effort in the 100 yards told against him and Wolfe won by a touch.

In the Inter-Hospital team race 6 men swam 1 length each. The Hospitals competing were Guy's, Thomas's, Bart.'s, University College and London. When it came to the last length Bart.'s were second to Guy's, who won the race by about 4½ yards. Thomas's were another 6 yards behind Bart.'s. It was then announced that Bart.'s were the winners, Guy's having unfortunately been disqualified, as one of their men had started a fraction of a second too soon. This did not affect the result, however, as Bart.'s would still have won the Swimming Cup had they been second. The Bart.'s team in the order of swimming was: F. A. Edwards, G. Jenkins, R. Sugden, A. C. Kanaar, C. K. Vartan and R. J. C. Sutton. The prizes were presented by Mrs. Layton. Mr. Layton paid a warm tribute to the memory of Sir Alfred Fripp, our late President, who died during the past year.

The last event was the Inter-Hospitals Water Polo Cup Final between Bart.'s (the holders) and Guy's. Bart.'s won most convincingly, largely due to the superb play of R. J. C. Sutton, though C. K. Vartan had no little share in many of the successful attacking movements.

Bart.'s won the toss and defended the deep end first. Wisely refraining from shooting at a standing goal-keeper, unless they were in a position to put in a hard shot, Bart.'s did not score as rapidly as their more ardent supporters could have wished. The wisdom of their tactics was amply demonstrated by the fact that at half-time Guy's, though attacking the deep end, had only scored once. Sutton opened the scoring, and Vartan also scored with an excellent shot from a position near the half-way line. Sutton was pulled up on several occasions by the referee for jumping off the bottom, but he has an exceptionally powerful leg kick and seemed to travel just as rapidly for the ball when in the deep end. At half-time the score was 2—1, Bart.'s having had considerably the better of the game.

On attacking the deep end they changed their tactics, and Sutton treated us to as pretty a display of shooting as one could wish to see. Though doggedly marked by de Gruchy, an experienced player, Sutton's immense speed usually gave him sufficient lead to draw a man or shoot himself. Three of his goals were scored by similar shots, all just fitting nicely into the top right-hand corner of the net, entirely out of the reach of any goal-keeper. To give Sutton a much-needed and well-earned rest Vartan played centre-forward for a short time, and continued gaining possession, thus preventing Guy's from opening up the game. A free throw found Race unmarked within shooting distance, and though the goal-keeper got to the shot he could not stop it. One of the opposing backs, in front of his own goal, managed to stop another of Race's shots, and was immediately awarded a free throw, though no Bart.'s men were anywhere near him or the two yards line—presumably the reward of virtue. The final score was: Bart.'s, 7 (Sutton 5, Vartan, Race), Guy's, 2 (de Gruchy, Thompson).

Teams.—Bart.'s: J. C. F. Lloyd-Williamson (goal); J. F. Fisher (R. back) (capt.), F. A. Edwards (L. back); C. K. Vartan, (half); R. R. Race (R. forward), R. J. C. Sutton (centre), J. H. West (L. forward).

Guy's: R. F. Lomax; F. H. Weston, J. L. Thompson; G. E. M. de Gruchy; R. W. Stephenson, J. Howell, H. Lewis.

LAWN TENNIS CLUB.

1st VI: Won 7, drawn 2, lost 3.

2nd VI: Won 8, lost 0.

We have had a most enjoyable season and one that has been encouraging in many ways—in the results of our matches, in the number of people who have been eager to play, and in their readiness to play regularly.

With so many to choose from it was some time before two regular VI's were formed, but before the end of May we had two teams which showed every promise of doing well in the Inter-Hospital Cup-ties.

This hope was realized, as we reached the final of both the Senior and Junior Cups; but unfortunately Guy's, our opponents in each, proved too strong for us.

It was disappointing not to win the Senior Cup, and even more so to lose the Junior Cup, of which we were the holders, but Guy's well deserved their wins, as they were far the better balanced teams.

In the final of the Senior Cup K. A. Latter showed that he was the best player on the ground by winning his single against their first man in two straight sets.

In the Junior Cup Final A. Papert and C. A. George played well and won all their matches.

For the Past v. Present match on June 14th the weather was perfect and we had some excellent games; in one of the best of these Sir Charles Gordon-Watson and B. H. Gibson just beat F. J. Beilby and T. E. Burrows 12—10 in the final set.

The Present won five matches to three.

The record of the 2nd VI is one of which they may well be pleased, as they have only lost 17 matches throughout the whole season, having won 55.

Of members of the 1st VI, our captain, F. J. Beilby, deserves special credit; he has played in every match, and to his cheerfulness much of what success we have had is due.

J. H. H.

RUGBY CLUB.

Honours for season 1929—30 were awarded to C. R. Jenkins, R. M. Williams, J. T. C. Taylor, V. C. Thompson, W. M. Capper, C. B. Prowse, F. J. Beilby, H. D. Robertson, J. D. Powell, J. A. Nunn, R. M. Marshall, E. M. Darmady, J. R. Jenkins, T. J. Ryan, J. M. Jackson and B. S. Lewis.

The Club has every expectation of a very good season, although everyone will miss the leadership and inspiring play of C. R. Jenkins. The XV will remain practically unaltered from that which got into the Final of the Hospital Cup last season, and stands a good chance of carrying it off this time, although we meet Guy's in the 1st round.

Fixtures for 1930—31.

Sept. 27.	Old Paulines	Away.
Oct. 4.	Roslyn Park	Away.
" 11.	Old Alleynians	Home.
" 18.	Old Haileyburians	Home.
" 22.	Cambridge University	Away.
" 25.	Old Leysians	Home.
Nov. 1.	Pontypool	Away.
" 8.	Moseley	"
" 15.	Old Cranleighans	Home.
" 22.	Torquay	Away.
" 29.	Devonport Services	"
" 31.	Keyham	"
Dec. 6.	London Welsh	"
" 10.	R.M.A.	Home.
" 13.	Northampton	Away.
Jan. 13.	Harlequins	Home.
" 10.	Moseley	"
" 17.	Coventry	Away.
" 24.	Old Paulines	Home.
" 31.	Bridgewater	Away.
Feb. 14.	Bedford	"
" 21.	Devonport Services	Home.
" 28.	Old Mill Hillians	Away.
Mar. 7.	O.M.T.	Home.
" 14.	London Irish	"
" 21.	London Scottish	"
" 28.	Plymouth Albion	Away.
" 30.	Redruth	"
" 31.	St. Ives	"
April 7.	Bristol	"

Trial games will be held on September 13th and 20th, and it is hoped that all new members will attend.

REVIEWS.

THE MODERN SURGICAL TREATMENT OF PULMONARY TUBERCULOSIS. By BERNARD HUDSON, M.A., M.D., M.R.C.P. (London: Jonathan Cape, The Modern Treatment Series, 1930.) Pp. 125. Price 5s.

This short account of the surgical aspects of phthisis is written by a former Casualty Physician at this Hospital, who has subsequently become so well known as Medical Superintendent, first of the "Palace," Montana, and more recently of the "Victoria," Davis-Platz. With Dr. Hudson's description and opinions, therefore—the result of a particularly wide experience—there can, we think, be no quarrel. The treatment is universally sound, and at the same time progressive, and the matter very readably presented. The book is, then, of great interest, and should have a good sale as the best short account of the subject available.

There is one criticism, however, which might be made, not so much about the presentation of its matter as the nature of its aims. The object of this series is stated in the Editorial Note to be that the general practitioner should find "a set of reliable guides to the present treatment of certain groups of sick persons," and also that those engaged in special departments of practice, including "general medicine, the most important specialty of all," should have a similar opportunity. With such an object in view the indication for each operative procedure, their relative advantages, and the results of such treatment up to date, are obviously of chief importance. These are as well done as the small space would allow. But why spend many pages on giving in detail various technical points which, being only book-knowledge, would not even fulfil the sole possible objective of enabling the novice to perform the operation? While demonstrating to post-graduates in an artificial pneumothorax clinic, for instance, one frequently finds men who have had the larger text-books by Alexander, Gravesen, Wingfield and Burrell, as well as many individual papers, and yet have not the slightest idea of carrying out either the simple process of a refill nor of the formal conduct of a case, this latter following only from a long experience at first hand. Further, since X-ray experience and specialized nursing are essential during the early stages of the majority of cases, there is little scope as yet for artificial pneumothorax in general practice; and we should recommend that "those engaged in special departments of medicine" had better leave a case to someone who knows. This reasoning will apply with even greater force to the more strictly surgical operations, such as phrenicotomy, pneumolysis and thoracoplasty, and no general surgeon could hope to take on such operations without a long apprenticeship. Why, then, spend even 10% of the limited space upon purely technical problems, when the author has so much that is valuable to say on the all-important Indications, Results and Post-operative Treatment?

Space forbids a detailed description—it is quicker to read the 125 pages—but in our opinion chapters XIII–XV, on the Indications for, the After-Treatment, and the Statistics of Thoracoplasty, with four good illustrative cases, will be of especial interest.

PRACTICAL MIDWIFERY FOR NURSES. By BETHEL SOLOMONS, M.D., F.R.C.P.I. (Humphrey Milford, Oxford University Press, 1930.) Pp. xi + 354. Price 8s. 6d.

The introductory chapter on "Nursing Ethics" strikes the keynote of the whole volume, in which the importance of good, accurate and clean work, together with close co-operation with the medical profession, is continually emphasized.

The practical management of normal pregnancy, labour and the puerperium is shown to be closely correlated with their anatomy and physiology, so that a clear understanding of these conditions is obtained, though the technique here described follows the Dublin school of teaching, which differs somewhat from that of this Hospital; following which the pathological states are considered with their diagnostic points and immediate treatment.

"The Healthy" and "The Unhealthy Infant" are next considered in two excellent chapters which contain much useful information, especially on the difficult subject of artificial feeding.

The book concludes with appendices and a full glossary. It is freely illustrated throughout with useful diagrams, is clearly printed, very easy to read, and coming from so well-known a pen may be recommended with confidence.

THE ŒDEMA OF BRIGHT'S DISEASE. By Prof. CH. ACHARD. Translated by MAURICE MARCUS, M.B. (London: Kegan Paul Trench, Trübner & Co., 1930.) Pp. 231. Price 9s. net.

This is an excellent and exhaustive review of our present knowledge of œdema, more especially nephritic œdema, and should be of interest to the biochemist, pathologist and clinician. In the first part of the book Prof. Achard devotes himself to a detailed survey of the anatomical, chemical and clinical features of œdema, and discusses the present classification of nephritis. He differentiates the condition of lipid nephritis from all forms of chronic hydropigenous nephritis, and is of the opinion that lipid nephrosis is not a true nephritis, nor a degeneration as held by numerous authors, but that it should be looked upon as an overloading of the renal tubules with cholesterol—a condition analogous to amyloid disease. Nephritis may become a complication of nephrosis and *vice versa*. When such an association of lesions exists, the clinical picture and the morbid evolution especially will vary, according to whether overloading or inflammation is predominant. He considers that the hypercholesterolemia associated with nephrosis is neither the cause nor the effect of the renal lesion, for in diabetes, jaundice and xanthoma it may be present for many years without inducing any corresponding change in the kidneys; neither does he consider it the cause of the œdema, for there is no distinct relationship between the two.

He discusses fully the pathogenesis of œdema, and shows that although the disorder of the kidney plays a part in the pathogenesis of œdema, this condition is itself the result of a disturbance of extrarenal factors which normally regulate fluid interchanges between the blood capillaries and the lacunar spaces. The chief of these factors are the hydrostatic pressure and the protein osmotic pressure. The fall of protein osmotic pressure in œdema is not solely due to the diminution of the blood proteins, but also to the fact that in equal concentrations these proteins give a lower pressure than those in normal blood. Owing to a smaller molecular weight and a greater dissociation, albumens have a greater osmotic pressure than globulins, and the diminution of protein osmotic pressure, which occurs in œdema is determined by a lowering of the albumen quotient, $\frac{\text{albumin}}{\text{cholesterol} + \text{globulin}}$

The lipæmia coefficient, $\frac{\text{cholesterol}}{\text{fatty acids}}$ is increased in nephritic œdema, and Prof. Achard considers it very probable that the displacement of lipid equilibrium has some part in the causation of œdema, especially when to it is added a displacement of the equilibrium of proteins. The latter portion of the book is concerned with treatment. The section on dietetics, more especially the salt-free diet, is fully dealt with, and some useful tables are given of the sodium chloride percentage in various foodstuffs.

The subject is put forward clearly and concisely, although here and there the English is such as to make reading difficult. The book is a valuable contribution to the literature on œdema. There is a very full bibliography.

INJURIES TO JOINTS. By Sir ROBERT JONES, Bart., K.B.E., C.B., (Oxford Medical Publications, 1930.) Third edition. Pp. 195. Price 7s. 6d.

The present edition of this little book covers almost every joint injury likely to be met by the general practitioner. Injuries to joints necessarily include those caused by fractures in the neighbourhood of a joint. The treatment of these with reference to the ultimate good function of the joint or limb is dealt with extremely well. The physical signs and diagnosis of these lesions would be grasped better by filling in a few details by referring to a surgical text-book.

The treatment throughout the book is excellent. In all cases it is worked out logically from the anatomical position of the lesion and the underlying pathological conditions present. The descriptions are made even clearer by many most illuminating photographs and diagrams. Special mention should be made of the chapter on "Sprains" in various parts of the body. Their pathology and diagnosis are so logically set out that the treatment seems to follow obviously, and the author gives us a completely new aspect of the condition. He also explains very clearly—what is found in so few text-books—the cause of continued stiffness in and around joints following, possibly, quite minor injuries.

This book is to be thoroughly recommended both to students and practitioners.

EXAMINATIONS, ETC.

University of London.

M.D. Examination, July, 1930.

Branch I. Medicine.—Anderson, R. G., Cutting, P. E. J., Hardwick, S. W.

First Examination for Medical Degrees, July, 1930.

Pass.—Atkinson, E. C., Barnard, E. J. W., Baynes, T. L. S., Bohn, G. L., Brown, K. P., Clements, P. E. G., Craig, D., Frost, L. D. B., Hugh, H. M., Johnson, A., McGladdery, H. M., Mason, J. I. C., *Moynagh, D. W., *Nash, D. F. E., Premdas, I. H., Rigby, E. P., Sansom, S. V., Youngman, J. G.

* Distinction in Biology.

Second Examination for Medical Degrees, July, 1930.

Part I.—Casson, A. H., Clarke, R. F., Conway-Hughes, J. H. L., MacCarthy, D. de la C., McGladdery, R., Norman, G. H. G., Soden, G. E. T., Tregaskis, T. G., Yates, F. H.

Part II.—Ashton, D. R., Carpenter, R. H., Chivers, J. A., Davies, D. O., Dipple, P. E., Houghton, A. W. J., Hugh, H. C., Jackson, B. F., Little, G. S. R., Rosenbaum, J., Sutton, R. J. C., Telfer, W. P. McK., Ware, C. E. M., Zeidenfeld, G.

University of Edinburgh.

The following has been conferred :

Diploma in Tropical Medicine and Hygiene.—Blackaby, E. J.

Royal College of Physicians and Surgeons of Edinburgh.

F.R.C.S.—Liesching, A. C. (September, 1929).

Conjoint Examination Board.

Pre-Medical Examination, July, 1930.

Chemistry.—Curtiss, L. M., Hill, R. L., Shemilt, W. P.

Physics.—Bones, A. O., Curtiss, L. M., Shemilt, W. P.

First Examination, July, 1930.

Anatomy and Physiology.—Edwards, L. J. L., John, C. W., Jones, N. H., Mason, T. O., Young, A. R. C.

Anatomy.—Davies, D. L. L., Fear, R. G., Seidman, I. I., Squire, J. A.

Physiology.—Hamilton, G. J., Pirie, A. H.

Pharmacology and Materia Medica.—Bennett, R., Brookman, G. H., Green, L. E., Hatton, P. L. S., Hole, E. K., Langenberg, E. R., Mansi, J. A., Ryan, T. J., Sivolella, N. W.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:

Angel, R. E., Bochenek, S., Boston, F. K., Burrows, W. R., Cross, R. M. S., Devin, C. H., Flemming, G. M., Fox, E. V. P., Franks, P. I., Hodgkinson, H. L., Parker, G. A. Y., Staunton, A. A., Tierney, T. F.

CHANGES OF ADDRESS.

CLEGG, H. A., 42, Harley Street, W. 1. (Tel. Langham 1098.)
ELLIS, Surg.-Cmdr. G.E.D., R.N., H.M.S. "Iron Duke," c/o G.P.O., London.

GRAHAM, J. H. P., Hawthorn House, Stanford, Hythe, Kent.

HENDLEY, H. J., Enville, Cardigan Street, Newmarket. (Tel. 147.)

LADELL, E. W. J., Komgha, Central Provinces.

LIESCHING, A. C., Burghfield, Dover Street, Ryde, I. of Wight (after September 10th).

MAXWELL, J. L., Flat 4c, 333, Avenue Haig, Shanghai, China.

TOPHAM, E. J. E., Wanganui Hospital, Wanganui, New Zealand (after September 12th).

WATSON, F. E. GORDON, "St. Ann's," Surrenden Road, Brighton. (Tels. Preston 2706 and 2212.)

APPOINTMENT.

TOPHAM, E. J. E., M.B., B.Chir., D.M.R.E.(Cantab.), appointed Radiologist to Wanganui Hospital, New Zealand.

BIRTHS.

BACON.—On June 26th, 1930, to Dr. and Mrs. E. Bacon, of Southampton—a son.

BROADBENT.—On August 21st, 1930, at Masero, Kenya Colony, to Norah (née Thompson), wife of Dr. Marcus Broadbent—a daughter.

CANE.—On August 23rd, 1930, at Reepham, Norfolk, to Marjorie, wife of Dr. Maurice H. Cane—a fifth daughter.

CLARK.—On August 1st, 1930, at Sandakan, British North Borneo, to Ruth (née Ashton Smith), wife of Willoughby Adams Clark—a son.

GRIFFITHS.—On August 18th, 1930, at Farfield House, Kidderminster, to Audrey, wife of P. Digby Griffiths, M.B.—a son.

LOYD.—On August 18th, 1930, at 80, Avenue Road, Regent's Park, to Antoinette Marie, wife of Eric Ivan Lloyd, F.R.C.S.—a daughter (Gillian).

TAYLOR.—On August 16th, 1930, at The Gables, Syston, Leicester, to Elizabeth, wife of Richard W. Taylor, M.R.C.S.(Eng.)—a daughter.

VERNEY.—On August 9th, 1930, at 28, Clifton Avenue, London, N. 3, to Ruth, wife of E. B. Verney—a daughter.

WARE.—On August 3rd, 1930, at 129, York Road, Bury-St.-Edmunds, to Phyllis (née Capps), wife of Dr. H. A. Ware—a daughter.

WILSON.—On July 25th, 1930, at 6, Streatham Hill, S.W. 2, to Gladys, wife of Dr. W. Bernard (Barney) Wilson—a daughter.

MARRIAGE.

JEAFFRESON—BUNTING.—On August 9th, 1930, at St. Mark's Church, Sheffield, Bryan Leslie Jeaffreson, M.D., F.R.C.S., second son of Mr. and Mrs. H. J. Jeaffreson, of Belmont, Enfield, to Margaret Clarice, elder daughter of Mr. and Mrs. A. W. Bunting, of 9, Crimicar Lane, Fulwood, Sheffield.

DEATHS.

BROOK.—On August 10th, 1930, at 4, Pottergate, Lincoln, Lieut.-Col. Charles Brook, F.R.C.S., R.A.M.C.(T.) (retired)—aged 91.

CHAMPNEYS.—On July 30th, 1930, at Littlemead, Nutley, Sussex, Sir Francis Henry Champneys, Bart., M.D., F.R.C.P.—aged 82.

KENT.—On August 18th, 1930, at a nursing home, Sydney Kent, M.B., B.Ch.(Cantab.), of The Corner House, Bexhill-on-Sea, fourth son of the late William Kent, of Jondarzan, Darling Downs, Queensland—aged 65.

LOYD.—On August 6th, 1930, Frederick George Lloyd, M.R.C.S.(Eng.), L.R.C.P.(Lond.), of 103, Oakwood Court, W. 14, son of the late Major Edward Lloyd—aged 65.

TUKE.—On August 20th, 1930, at the Limes, Sutton Valence, Maidstone, George Montague Tuke, M.R.C.S., J.P.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

.

ated

mp-

to
ter.
rie,

eo,
—a

ter,

at's
—a

ter,
—a

on,

ds,

to

.

k's
and
to
ng,

tol.

ex,
2.

nt,
rth
ns,

S.
of

ce,

==

ew
he
to-

ge.
S,

ge-
R,
z